

# Medicine Hat Lacrosse Club

Medicine Hat, Alberta

www.mhlacrosse.com

## 2011 Junior Player Registration Form

Player's Name: \_\_\_\_\_ Birth Date: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ AB Health Care #: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Returning Player? Yes  No  Gender: Male  Female

Player's Name: \_\_\_\_\_ Work # \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work # \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work # \_\_\_\_\_ Email: \_\_\_\_\_

I (We), the undersigned, being the player or parent(s)/guardian of \_\_\_\_\_ hereby agree to the following:

I (We) recognize and agree to abide by the Medicine Hat Lacrosse Club, CLA, ALA and RMLL constitutions, their regulations, their playing rules and all duly approved amendments thereto. I (We) recognize the Medicine Hat Lacrosse Club as being the sole organization entrusted with the management and organization of lacrosse in our community. I (We) also recognize that all information provided is true and valid. Any false information provided may lead to the application of sanctions as provided in various regulations.

Permission is hereby given for my child to play lacrosse under the jurisdiction of the Medicine Hat Lacrosse Club. I hereby release Medicine Hat Lacrosse Club, and all of its coaches, managers, and league officials from any responsibility, financial or otherwise, for any injuries suffered by my child while participating in any practice, game or activity conducted under the jurisdiction of Medicine Hat Lacrosse Club. Please note that the accident or liability insurance plan of Medicine Hat Lacrosse Club through the ALA is a secondary insurance and only covers costs not presently covered by the individual parent (player's) private insurance plan and/or provincial health care.

I (We) hereby agree to abide by the Rules and Regulations of Medicine Hat Lacrosse Club. Suspension without refund may result in the event of any rule infraction or conduct unbecoming to our association or participant(s).

1. Playing rules as stated in the Canadian Lacrosse Association rule book.
2. Playing rules and guidelines as outlined and expected by the ALA, RMLL and Medicine Hat Lacrosse Club.

Player/Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Tryout Fee** \$50.00\*

**Junior ('90-'94)** \$350.00\*\*

\*\*plus 3 post-dated cheques for REGULAR SEASON travel expenses

**Play Offs** TBD

**Provincials** TBD

Amount:

Method of Payment:

Cheque #

Received by:

Date:

### Parent Volunteer Information – Please indicate the area in which you would be willing to assist:

Tournament Volunteer  Team Manager  Referee  Coach  Assistant Coach